BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPA	RTMEN	HEALTI	H & HUM	IAN SERVICE	S AGENCY	CONTACT PI	ERSO 1	Terry Cunningham
PHONE NUMBER		(619) 293-4706		MAILST	OP P501C	FAX NUMBE	TR ((619) 296-2688
MEMBER NAME	Bastida,	Elva						
APPOINTMENT	12/12/20	06	<i>MO</i> #	11	EXPIRATION	12/12/2010) TER	M 4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS	COORD	INATION	APPOINTED BY	Board of S	upervisors	
REQUIREMENT	HOUSIN PEOPLE				COMMENTS		2/12/06. Rep ned Aug 200	placed Lisa Contreras 06
MEMBER NAME	Becker,	Sheryl						
APPOINTMENT	1/24/200	6	<i>MO</i> #	8	EXPIRATION	1/24/2010	TER	M 4-YEARS
NOMINATED BY	District 3				APPOINTED BY	Board of S	upervisors	
REQUIREMENT	PUBLIC	MEMBER	R		COMMENTS			to fill unexpired term coed 12/7/05.
MEMBER NAME	Benson,	Susan						
APPOINTMENT	7/25/200	6	<i>MO</i> #	1	EXPIRATION		TER	M NONE
NOMINATED BY	OFFICE (CHIEF)	OF AIDS	COORD	INATION	APPOINTED BY	Board of S	upervisors	
REQUIREMENT	AETC				COMMENTS	1st appt 7/ 4/28/2006	25/06. Heat	ther Baldwin resigned
MEMBER NAME	Black, R	obert						
APPOINTMENT	12/11/20	07	<i>MO</i> #	5	EXPIRATION	12/4/2011	TER	M 4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS	COORD	INATION	APPOINTED BY	Board of S	upervisors	
REQUIREMENT	AFFECT	ED COM	MUNITIE	S/SEAT #1	COMMENTS	1st appt 12	2/11/07	
MEMBER NAME	Brosnar	Elizaba	th					

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EXPIRATION

APPOINTED BY

COMMENTS

9/12/2007

Board of Supervisors

TERM

1st appt on 9/12/2000. Reappt 2nd term

4-YEARS

MO#

OFFICE OF AIDS COORDINATION

CBO/AIDS ORGANIZATION

8

1/24/2006

(CHIEF)

APPOINTMENT

NOMINATED BY

REQUIREMENT

BCC NAME HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY

COUNTY DEPA	ARTMEN HEALTH & H	IUMAN SERVICES A	AGENCY	CONTACT PERSO	Terry	Cunningham
PHONE NUMB	EER (619) 293-470	06 MAILSTO	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Brown, Deborah (Nava	arro)				
APPOINTMENT	12/9/2003 <i>MO</i>	# 19	EXPIRATION	3/31/2008	TERM	4-YEARS
NOMINATED BY	District 2		APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	Public Member		COMMENTS	1st Appt: 3/31/98 30th St SD, CA 9		Address: 3544
MEMBER NAME	Bursaw, Michael					
APPOINTMENT	2/12/2001 <i>MO</i>	#	EXPIRATION		TERM	NONE
NOMINATED BY	DIRECTOR OF HHSA		APPOINTED BY	RESOLUTION		
REQUIREMENT	DIRECTOR, HHSA OR	DESIGNEE	COMMENTS	Designee for ma	ndated rep).
MEMBER NAME	Byers, Jeff					
APPOINTMENT	1/24/2006 <i>MO</i>	# 8	EXPIRATION	12/31/2009	TERM	4-YEARS
NOMINATED BY	STATE OFFICE OF AIL	OS REP.	APPOINTED BY	Board of Supervi	isors	
REQUIREMENT	STATE OFFICE OF AIL	OS REP	COMMENTS	Mandated Rep.J Harvey per State	Mandated Rep.Jeff Byers replaced Eileen Harvey per State letter 11/7/05 recvd12/30.	
MEMBER NAME	Caffery, Mary					
APPOINTMENT	7/8/2003 <i>MO</i>	# 8	EXPIRATION	12/31/2006	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS COC (CHIEF)	RDINATION	APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	TITLE IV		COMMENTS	1st Appointment	9/23/97 (1	0) - 3rd term
MEMBER NAME	Carlson, Paul					
APPOINTMENT	7/25/2006 <i>MO</i>	# 1	EXPIRATION	7/25/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS COC (CHIEF)	RDINATION	APPOINTED BY	Board of Supervi	isors	
REQUIREMENT	HIV AFFECTED COMM	MUNITIES/SEAT #10	COMMENTS	1st appt 7/25/06.	James Ya	arrell vacated

10/27/05.

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPAR	<i>TMEN</i> HEA	LTH & HUM	AN SERVICES A	GENCY	CONTACT PERSO) Terry	Cunningham
PHONE NUMBER	R (619)	293-4706	MAILSTO	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Carroll, Reggie	e					
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Superv	isors	
REQUIREMENT	AFFECTED CO	OMMUNITIES	S/SEAT #2	COMMENTS	1st appt 12/11/0	7	
MEMBER NAME	Collin, Kevin						
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	12/31/2006	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI	DS COORDI	NATION	APPOINTED BY	Board of Superv	isors	
REQUIREMENT	AFFECTED CO DESIGNATE)/S		S (HCC	COMMENTS	1st appt 6/21/05 Edwards	to fill unex	pired term of Artie
MEMBER NAME	Cortes, Alberto	0					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/23/2009	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Superv	isors	
REQUIREMENT	GENERAL ME	MBER		COMMENTS	1st Appt 7/23/20	002	
MEMBER NAME	D'Hondt, Marc	;					
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AII (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Superv	isors	
REQUIREMENT	SUBSTANCE A PROVIDER	ABUSE TREA	ATMENT	COMMENTS	1st Appointment	7/25/06	
MEMBER NAME	Farber, Laurer	า					

REQUIREMENT	STD Control Officer	COMMENTS	Mandated Rep. Lauren Farber apptd as designee for Rbt Gunn who resigned 8/26/05

EXPIRATION

APPOINTED BY

TERM

RESOLUTION

NONE

APPOINTMENT

NOMINATED BY

8/26/2005

MO#

OFFICE OF AIDS COORDINATION (CHIEF)

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BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL. SD COUNTY
DCC NAME	THE TIEAETH CERTICES I EARTHING COUNTIE, OF COUNTIE

COUNTY DEPA	ARTMEN HEA	LTH & HUM	AN SERVICES A	AGENCY	CONTACT PERSO	7 Terry	y Cunningham
PHONE NUMB	<i>PER</i> (619) 293-4706	MAILSTO	P P501C	FAX NUMBER	(619)) 296-2688
MEMBER NAME	Frye, Susan						
APPOINTMENT	7/24/2007	<i>MO</i> #	8	EXPIRATION	7/24/2011	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	MEDICAID AG	ENCY		COMMENTS	1st appt. 7/24/0	7	
MEMBER NAME	Fuentes, Chris	stian					
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	7/8/2007	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	HISPANIC CO	MMUNITY LI	EADER	COMMENTS	1st Appt. 7/8/03	(8)	
MEMBER NAME	Gonzalez-Gar	cia, Carolina					
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	HIV PREVENT REPRESENTA		CES	COMMENTS	1st appt 1/24/06 Kenneth Hooks		xpected vacancy of
MEMBER NAME	Graff, Larry						
APPOINTMENT	7/24/2007	<i>MO</i> #	8	EXPIRATION	7/24/2011	TERM	4-YEARS
NOMINATED BY	OFFICE OF AI (CHIEF)	DS COORDI	NATION	APPOINTED BY	Board of Super	visors	
REQUIREMENT	SOCIAL SERV	ICES PROV	IDER	COMMENTS	1st appt. 7/24/0	7	
MEMBER NAME	Henry, Molly						
APPOINTMENT	2/1/2005	<i>MO</i> #	10	EXPIRATION	2/1/2009	TERM	4-YEARS
NOMINATED BY	District 5			APPOINTED BY	Board of Superv	visors	

COMMENTS

1st appt 2/1/05

REQUIREMENT

Public Member

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY

PHONE NUMBER	(619) 293-470	6 MAILSTO)P P501C	FAX NUMBER	(619) 296-2688		
MEMBER NAME	Hernandez, Roman						
APPOINTMENT	1/24/2006 <i>MO#</i>	8	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COOF (CHIEF)	RDINATION	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	AFFECTED COMMUNIT	TIES/SEAT #12	COMMENTS	1st Appt. 7/31/	01 (6)		
MEMBER NAME	Jacobs, Delores						
APPOINTMENT	1/24/2006 <i>MO#</i>	8	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COOF (CHIEF)	RDINATION	APPOINTED BY	Board of Super	rvisors		
REQUIREMENT	MENTAL HEALTH PROV	VIDERS	COMMENTS	1st Appt. 7/31/	1st Appt. 7/31/01 (6); Re-appointed		
MEMBER NAME	Kirshenbaum, Sheri						
APPOINTMENT	7/24/2007 <i>MO#</i>	8	EXPIRATION	7/24/2011	TERM	NONE	
NOMINATED BY	OFFICE OF AIDS COOF (CHIEF)	RDINATION	APPOINTED BY	Board of Super	rvisors		
REQUIREMENT	Prevention Planning Boa	ard Chair	COMMENTS	1st appt. 7/24/0	07		
MEMBER NAME	Kubricky, Cinnamen						
APPOINTMENT	12/11/2007 <i>MO#</i>	5	EXPIRATION	12/4/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COOF (CHIEF)	RDINATION	APPOINTED BY	Board of Supe	Board of Supervisors		
REQUIREMENT	AFFECTED COMMUNIT	TIES/SEAT #4	COMMENTS	1st appt 12/11/	/07		
MEMBER NAME	Lewis, Robert						
APPOINTMENT	12/11/2007 <i>MO#</i>	5	EXPIRATION	7/8/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COOF (CHIEF)	RDINATION	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	HRSA TITLE III GRANTE	ΞE	COMMENTS	Re-appt (2nd to	erm) 12/11/0)7	

CONTACT PERSO Terry Cunningham

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPAI	RTMEN HEALTH	& HUM	AN SERVICES A	GENCY	CONTACT PERSO	Terry	Cunningham
PHONE NUMBE	CR (619) 293	3-4706	MAILSTOI	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Lochner, Michael	(Mikie)					
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS ((CHIEF)	COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	CONSUMER			COMMENTS	1st appt 12/11/07		
MEMBER NAME	Maracle, Ray						
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS ((CHIEF)	COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	AFFECTED COMM	IUNITIE	S/SEAT #11	COMMENTS	1st appt 12/11/07	•	
MEMBER NAME	May, Michele						
APPOINTMENT	7/24/2007	<i>MO</i> #	8	EXPIRATION	7/24/2011	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS ((CHIEF)	COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	AFFECTED COMM	(UNITIE:	S/SEAT #9	COMMENTS	1st appt. 7/24/07		
MEMBER NAME	Miranda, Ronnie						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS ((CHIEF)	COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	AFFECTED COMM	(UNITIE:	S/SEAT #6	COMMENTS	1st appt 1/24/06 t Charles Obina re		
MEMBER NAME	Nelson, James Pa	trick Sea	an				
APPOINTMENT	8/3/2004	<i>MO</i> #	6	EXPIRATION	8/3/2008	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS ((CHIEF)	COORDI	NATION	APPOINTED BY	Board of Supervis	sors	
REQUIREMENT	AFFECTED COMM	(UNITIE:	S/SEAT #14	COMMENTS	1st appt 8/3/2004 who resigned 09/		e Yrineo, Jerry,

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL. SD COUNTY
DI.I. /VA/VIP	

BCC NAME		HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY							
COUNTY DEPARTMEN PHONE NUMBER		HEALTH & HUM	AN SERVICES A	GENCY	CONTACT PERSO	Terry	Terry Cunningham		
		(619) 293-4706 <i>MAILSTOP</i>		P501C	FAX NUMBER	(619)	(619) 296-2688		
MEMBER NAME	Nunez-	Liriano, Alicia							
APPOINTMENT	6/21/200	05 <i>MO#</i>	13	EXPIRATION	6/21/2009	TERM	4-YEARS		
NOMINATED BY	OFFICE (CHIEF)	OF AIDS COORD	INATION	APPOINTED BY	Board of Supervi	Board of Supervisors			
REQUIREMENT	FEDER/ CENTER	ALLY QUALIFIED H RS	HEALTH	COMMENTS	1st appt 6/21/2005 to fill unexpired term of Lorenzo Herman				
MEMBER NAME	Patch, I	Peter							
APPOINTMENT	12/28/20	004 <i>M0</i> #		EXPIRATION		TERM	NONE		
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Supervi	sors			
REQUIREMENT	COUNT DESIGN	Y HEALTH OFFICE IEE	ER OR	COMMENTS		Mandated Rep.Nancy Bower resigned 12/28/04 and appointed Peter Patch as replacemt			
MEMBER NAME	Pedrin-	Gizoni, Marie							
APPOINTMENT	7/8/2003	3 <i>MO#</i>	8	EXPIRATION	3/31/2008	TERM	4-YEARS		
NOMINATED BY	District 4	4		APPOINTED BY	Board of Supervi	sors			
REQUIREMENT	Public M	1ember		COMMENTS	1st Appt. 3/31/98	(9)			
MEMBER NAME	Rivera,	Sergio							
APPOINTMENT	12/12/20	006 <i>MO</i> #	11	EXPIRATION	12/12/2010	TERM	4-YEARS		
NOMINATED BY	OFFICE (CHIEF)	OF AIDS COORD	INATION	APPOINTED BY	Board of Supervi	sors			

MEMBER NAME	Sanchez, Alicia						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)			APPOINTED BY	Board of Supe	ervisors	
REQUIREMENT	AFFECTED COM	MUNITIE	S/SEAT #7	COMMENTS	1st appt 1/24/0	06	

1st appt 12/12/06

HIV AFFECTED COMMUNITIES/SEAT# 3 COMMENTS

REQUIREMENT

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BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY

COUNTIDEN	IKI MEN				CONTINCT TERM	,,,	J	
PHONE NUMB	<i>BER</i> (619)	293-4706	MAILSTO	P P501C	FAX NUMBER	(619)	296-2688	
MEMBER NAME	Scolari, Rosan	a						
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	3/16/2009	TERM	4-YEARS	
NOMINATED BY	District 1			APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	Public Member			COMMENTS	Re-appointed	2nd term. 1s	et Appt: 3/16/99 (8)	
MEMBER NAME	Smith, David, [Or.						
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION		TERM	NONE	
NOMINATED BY	OFFICE OF AID (CHIEF)	OFFICE OF AIDS COORDINATION (CHIEF)			Board of Supe	Board of Supervisors		
REQUIREMENT	HOSPITAL COUNCIL (REP)			COMMENTS	Mandated Rep	oresentative		
MEMBER NAME	Smith, Tim							
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)			APPOINTED BY	Board of Supe	Board of Supervisors		
REQUIREMENT	FEDERAL, STATE, OR LOCAL PRISONERS REPRESENTATIVE			COMMENTS	1st Appt: 7/31/	/01 (6)		
MEMBER NAME	Suckow, Scott							
APPOINTMENT	5/19/2006	<i>MO</i> #	25	EXPIRATION	5/11/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	OFFICE OF AIDS COORDINATION (CHIEF)			Board of Supe	Board of Supervisors		
REQUIREMENT	PLANNING CO	PLANNING COUNCIL CHAIR		COMMENTS		1st appt 5/16/09 to fill unexpired term of Veronica Dela Rosa resigned 12/27/05.		
MEMBER NAME	Taylor, Michae	l						
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS	
NOMINATED BY	Office of Aids C	oordination-	Chief	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	AFFECTED COMMUNITIES/SEAT #8			COMMENTS		1st appt 7/25/06. Unexpected vacancy of Doris Bell 3/30/2006.		

CONTACT PERSO Terry Cunningham

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY
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COUNTY DEPAR	RTMEN	HEALTH & HUM	AN SERVICES A	GENCY	CONTACT PERSO	Terry	Cunningham
PHONE NUMBE	ER ((619) 293-4706	MAILSTO	P P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	VACANT						
APPOINTMENT	8/3/2004	<i>MO</i> #	6	EXPIRATION	12/31/2006	TERM	4-YEARS
NOMINATED BY	OFFICE O	F AIDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	CONSUMI	ER		COMMENTS	ALTERNATEt Anthony Gioffre i		,
MEMBER NAME	VACANT						
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	12/31/2007	TERM	4-YEARS
NOMINATED BY	OFFICE O	F AIDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	CONSUMI	ER		COMMENTS	Unexpected vaca resignation 6/7/0		d Gibbings
MEMBER NAME	VACANT						
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	12/31/2006	TERM	4-YEARS
NOMINATED BY	OFFICE O (CHIEF)	F AIDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	AFFECTE (YOUTH)	D COMMUNITIE	S/SEAT #13	COMMENTS	Unexpected vaca Trevino	ancy 5/20/0	05 of Carolina
MEMBER NAME	VACANT						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS
NOMINATED BY	OFFICE O (CHIEF)	F AIDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors	
REQUIREMENT	AFFECTE	D COMMUNITIE	S (CAREGIVER)	COMMENTS	St. Clair Adams ı	esigned 9	/27/06
MEMBER NAME	VACANT						
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	6/21/2009	TERM	4-YEARS
NOMINATED BY	OFFICE O (CHIEF)	F AIDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors	

COMMENTS

Phyllis Jackson, Resigned 5/21/07

REQUIREMENT GENERAL MEMBERSHIP

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL, SD COUNTY

HEALTH & HUMAN SERVICES AGENCY

COUNTY DEPARTMEN

CONTACT PERSO

Terry Cunningham

PHONE NUMBER (619) 293-4706 **MAILSTOP** P501C **FAX NUMBER** (619) 296-2688

MEMBER NAME Williams, Denice APPOINTMENT **MO**# **EXPIRATION TERM** 12/12/2006 11 12/12/2010 4-YEARS NOMINATED BY OFFICE OF AIDS COORDINATION APPOINTED BY **Board of Supervisors** (CHIEF) AFRICAN AMERICAN COMMUNITY REQUIREMENT **COMMENTS** 1st appt 12/12/06 LEADER MEMBER NAME Wolter, Carl F. APPOINTMENT 6/21/2005 *MO*# 13 **EXPIRATION** 12/31/2008 **TERM** 4-YEARS NOMINATED BY OFFICE OF AIDS COORDINATION APPOINTED BY **Board of Supervisors** (CHIEF) REQUIREMENT HOUSING/HOMELESS SERVICES **COMMENTS** 1st appt. 6/21/05 (13). replacedThompson, REPRESENTATIVE Edward J. resigned 10/04/04 per P. Honeycutt.

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